

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier N/A State Applicant Identifier N/A Federal Identifier N/A	
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5. APPLICANT INFORMATION					
Legal Name: San Francisco, City and County of			Organizational Unit:		
Organizational DUNS:			Division:		
Address (give city, county, state, and zip code): 1 Dr. Carlton B. Goodlett Place Suite 496 San Francisco, CA 94102			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Rod Seymore Phone: 415-554-6165		

RECEIVED
 JUL 15 2005

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000479			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		

STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services					
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> TITLE: 2005 Technology Initiative						11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):					
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13. PROPOSED PROJECT: Start Date: 12/08/2004 Ending Date: 12/07/2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
---	--	--	--	--	--

15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	986,643.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/15/05</u>			
b. Applicant	\$	.00		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	.00					
d. Local	\$	.00					
e. Other	\$	.00					
f. Program Income	\$	.00					
g. TOTAL	\$	.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Murlene J. Randle			b. Title Director, MOCJ		c. Telephone number 415-554-6564
d. Signature of Authorized Representative 			e. Date Signed 7/15/05		

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

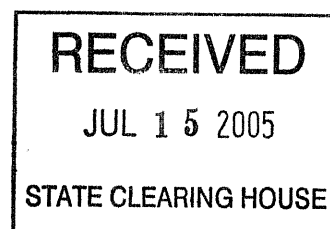
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-03-0735-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Chinatown Blossom Plaza Mixed-Use

Part 1: Recipient Information

Project Number:	CA-03-0735-00
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577
E-mail:	tedhunt@lappl.org
Website:	



Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	

City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106
E-mail:	mbutler@teamster.org
Website:	

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911
Facsimile:	(301) 330-7662
E-mail:	scardelltir@tcunion.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgin@utu.org
Website:	

Recipient ID:	1644
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo E. Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	
Website:	None

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Recipient ID:	1644
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754
Contact Name:	John Stripes
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstipes@ppoa.com
Website:	

Recipient ID:	1644
Union Name:	SEIU
Address 1:	1313 L Street, NW
Address 2:	
City:	Washington, DC 02005
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402
E-mail:	sterna@seiu.org
Website:	

Recipient ID:	1644
Union Name:	ALADS
Address 1:	828 W. Washington Blvd.
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705
E-mail:	rburns@alads.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400

Facsimile:	(216) 228-0937
E-mail:	Bus@utu.org
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,036,964
Project Number:	CA-03-0735-00	Adjustment Amt:	\$0
Project Description:	Chinatown Blossom Plaza Mixed-Use	Total Eligible Cost:	\$3,036,964
Recipient Type:	City	Total FTA Amt:	\$1,485,043
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Chuck Hammerstein 213.580.5414	Total Local Amt:	\$1,551,921
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2005 - Jun. 30, 2007	Est. Oblig Date:	None Specified
Recvd. By State:	Jul. 07, 2005	Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Jul. 01, 2005	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 10, 2005		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 28, 2005		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																															
Legal Name: Community Action Partnership of Kern		Organizational Unit: Department: Early Head Start/Head Start																													
Organizational DUNS: 07-294-7617		Division: Child Education and Development Services																													
Address: Street: 300 19th Street City: Bakersfield County: Kern State: California Zip Code: 93301		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Fred Middle Name: A. Last Name: drew Suffix:																													
Country: United States		Email: fdrew@capk.org																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 9 5 - 2 4 0 2 7 6 0 </div>		Phone Number (give area code) (661) 336-5236																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 9 3 - 5 7 0 </div>		9. NAME OF FEDERAL AGENCY: DHHS / ACF / OCS																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Bakersfield, CA / County of Kern / State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Community Action Partnership of Kern is embarking on a business and commercial development project that will create employment and business development opportunities for low-income people in a high need area of Bakersfield, California. The Partnership is designing and building a large Childcare Center with an adjacent Training facility.																													
13. PROPOSED PROJECT Start Date: 10/01/2006 Ending Date: 09/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20,22 b. Project 20,22																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">1,461,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">400,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">300,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">39,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">2,200,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	1,461,000	.00	b. Applicant	\$	400,000	.00	c. State	\$	0	.00	d. Local	\$	300,000	.00	e. Other	\$	39,000	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	2,200,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/21/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,461,000	.00																												
b. Applicant	\$	400,000	.00																												
c. State	\$	0	.00																												
d. Local	\$	300,000	.00																												
e. Other	\$	39,000	.00																												
f. Program Income	\$	0	.00																												
g. TOTAL	\$	2,200,000	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: Mr. First Name: Fred Middle Name: A. Last Name: Drew Title: Executive Director Signature of Authorized Representative		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
		Telephone Number (give area code) (661) 336-5236 Date Signed																													

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier 05-262	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: West Valley Water District			Organizational Unit: Department: Operations		
Organizational DUNS: D08078529			Division:		
Address: Street: 855 W. Baseline Ave			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Rialto			Prefix: Mr.		First Name: Leon
County: San Bernardino			Middle Name		
State: California			Last Name Long		
Zip Code 92376			Suffix:		
Country: USA			Email: leon@wwvd.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006490			Phone Number (give area code) (909) 875-1804		Fax Number (give area code) (909) 875-1804
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Rialto, Colton and Fontana and the County of San Bernardino, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement and Disposal of spent resin media from the ion exchange wellhead treatment for the removal of perchlorate from the drinking water.		
13. PROPOSED PROJECT Start Date: August 2005 Ending Date: August 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 43rd, Baca b. Project 43rd, Baca		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	288,700	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/30/05		
b. Applicant West Valley Water District	\$	59,053	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other Rialto, Colton & Fontana	\$	177,159	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	524,912			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Anthony		Middle Name W.	
Last Name Araiza				Suffix	
b. Title General Manager				c. Telephone Number (give area code) (909) 875-1804	
d. Signature of Authorized Representative				e. Date Signed 6-12-05	

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MAY 13 2005

GMO, PMD-7



APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/14/2005	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input checked="" type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: Police Assessment Resource Center, Inc.		Organizational Unit:		
Organizational DUNS: 087851320		Department:		
Address: Street: 520 So. Grand Ave., Suite 1070		Division:		
City: Los Angeles		Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Los Angeles		Prefix: First Name: Allyson		
State: CA		Middle Name:		
Zip Code: 90071		Last Name: Collins		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (FIN): 13-4178014		Email: allysoncollins@parc.info		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code): (213) 797-1102		
Other (specify)		Fax Number (give area code): (213) 623-5959		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Other (specify)		
TITLE (Name of Program): Public Safety and Community Policing Grants		9. NAME OF FEDERAL AGENCY: Office of Community Oriented Policing Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Pasadena, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluation and Analysis of the Pasadena Police Department Police-Community Mediation and Dialogue Program		
13. PROPOSED PROJECT Start Date: 08/01/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 29th		
Ending Date: 12/31/2006		b. Project CA 29th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 35,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE: 07/14/2005		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY F. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 35,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Allyson	Middle Name		
Last Name Collins	Suffix			
b. Title Deputy Director	c. Telephone Number (give area code) (213) 797-1102			
d. Signature of Authorized Representative	e. Date Signed 07/14/2005			

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Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. J348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Fresno DUNS 071887855		Organizational Unit: Police Department	
Address (give city, county, State, and zip code): 2600 Fresno Street Fresno, CA 93721		Name and telephone number of person to be contacted on matters involving this application (give area code): Ms. Judy Garcia (559) 621-2053	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000338		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		STATE CLEARING HOUSE JUL 13 2005	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Public Safety 16-710		9. NAME OF FEDERAL AGENCY: Community Oriented Policing Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COPS Interoperable Communication Technology Grant	
13. PROPOSED PROJECT Start Date 10-1-05 Ending Date 9-30-06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20&21 b. Project 18, 19, 20 & 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,000,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7-13-05	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 2,000,000.00		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 8,000,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Mr. Andrew Souza	b. Title City Manager	c. Telephone Number (559) 621-7782	
d. Signature of Authorized Representative <i>Andrew Souza</i>		e. Date Signed 7-13-05	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED 07/11/2005	Applicant Identifier
		3. DATE RECEIVED BY STATE 07/11/2005	State Application Identifier
		4. Federal 	
5. APPLICANT INFORMATION <div style="text-align: right;">* Organizational DUNS: 1942390180000</div> <div>* Legal Name: Smiths Detection Inc. Department: Division: Pasadena, CA * Street1: 2202 Lakeside Boulevard Street2: * City: Edgewood County: Harford * State: MD * ZIP Code: 21040 * Country: USA</div>			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Jill Myrick * Phone Number: 410 510-9212 Fax Number: 410 510-9498 Email: jill.myrick@smithsdetection.com			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 22-3552823		7. * TYPE OF APPLICANT: N: For-profit Organization (other than small business) Other (Specify): <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		9. * NAME OF FEDERAL AGENCY: DOT/Federal Aviation Administration (CEP)	
		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20.108 TITLE: Aviation Research Grants	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Low cost, light weight, distributed chemical sensor array for aircraft cabin air quality surveillance			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Pasadena, CA Oklahoma City, OK			
13. PROPOSED PROJECT: * Start Date * Ending Date 08/01/2005 11/01/2007		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project 29th District California 29th District California	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Steven Sunshine Position/Title: President * Organization Name: Smiths Detection Inc. Department: Division: Pasadena, CA * Street1: 73 N. Vinado Avenue Street2: * City: Pasadena County: Los Angeles * State: CA * ZIP Code: 91107 * Country: USA * Phone Number: 626 240-4226 Fax Number: 626 844-0278 * Email: steven.sunshine@smithsdetection.com			

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STATE CLEARING HOUSE

OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input type="text" value="1,250,000.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="1,250,000.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="07/11/2005"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																					
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input checked="" type="checkbox"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																																						
19. Authorized Representative <table style="width: 100%;"><tr><td>Prefix: <input type="text" value="Ms."/></td><td>* First Name: <input type="text" value="Jill"/></td><td>Middle Name: <input type="text"/></td><td>* Last Name: <input type="text" value="Myrick"/></td><td>Suffix: <input type="text"/></td></tr><tr><td colspan="2">* Position/Title: <input type="text" value="Director, Legal & Contracts"/></td><td colspan="3">* Organization: <input type="text" value="Smiths Detection Inc."/></td></tr><tr><td colspan="2">Department: <input type="text"/></td><td colspan="3">Division: <input type="text"/></td></tr><tr><td colspan="2">* Street1: <input type="text" value="2202 Edgewood Boulevard"/></td><td colspan="3">Street2: <input type="text"/></td></tr><tr><td>* City: <input type="text" value="Edgewood"/></td><td>County: <input type="text" value="Harford"/></td><td>* State: <input type="text" value="MD"/></td><td colspan="2">* ZIP Code: <input type="text" value="21040"/></td></tr><tr><td colspan="2">* Country: <input type="text" value="USA"/></td><td colspan="3"></td></tr><tr><td>* Phone Number: <input type="text" value="410 510-9212"/></td><td>Fax Number: <input type="text" value="410 510-9498"/></td><td colspan="3">* Email: <input type="text" value="jill.myrick@smithsdetection.com"/></td></tr></table> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">* Signature of Authorized Representative _____ Completed on submission to Grants.gov</td><td style="width: 50%; text-align: center;">* Date Signed _____ Completed on submission to Grants.gov</td></tr></table>		Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Jill"/>	Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Myrick"/>	Suffix: <input type="text"/>	* Position/Title: <input type="text" value="Director, Legal & Contracts"/>		* Organization: <input type="text" value="Smiths Detection Inc."/>			Department: <input type="text"/>		Division: <input type="text"/>			* Street1: <input type="text" value="2202 Edgewood Boulevard"/>		Street2: <input type="text"/>			* City: <input type="text" value="Edgewood"/>	County: <input type="text" value="Harford"/>	* State: <input type="text" value="MD"/>	* ZIP Code: <input type="text" value="21040"/>		* Country: <input type="text" value="USA"/>					* Phone Number: <input type="text" value="410 510-9212"/>	Fax Number: <input type="text" value="410 510-9498"/>	* Email: <input type="text" value="jill.myrick@smithsdetection.com"/>			* Signature of Authorized Representative _____ Completed on submission to Grants.gov	* Date Signed _____ Completed on submission to Grants.gov
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Jill"/>	Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Myrick"/>	Suffix: <input type="text"/>																																		
* Position/Title: <input type="text" value="Director, Legal & Contracts"/>		* Organization: <input type="text" value="Smiths Detection Inc."/>																																				
Department: <input type="text"/>		Division: <input type="text"/>																																				
* Street1: <input type="text" value="2202 Edgewood Boulevard"/>		Street2: <input type="text"/>																																				
* City: <input type="text" value="Edgewood"/>	County: <input type="text" value="Harford"/>	* State: <input type="text" value="MD"/>	* ZIP Code: <input type="text" value="21040"/>																																			
* Country: <input type="text" value="USA"/>																																						
* Phone Number: <input type="text" value="410 510-9212"/>	Fax Number: <input type="text" value="410 510-9498"/>	* Email: <input type="text" value="jill.myrick@smithsdetection.com"/>																																				
* Signature of Authorized Representative _____ Completed on submission to Grants.gov	* Date Signed _____ Completed on submission to Grants.gov																																					
20. Pre-application <input type="text"/> <input type="button" value="Add Attachment"/> <input type="text"/>																																						

OMB Number: 4040-0001

Expiration Date: 04/30/2008



First Program Year Action Plan

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The CPMP First Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted: 5/10/2005	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		/078787397	
0		0	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
Employer Identification Number (EIN):		Fresno County	
94-6000512		7/1	
Applicant Type:		Specify Other Type if necessary:	
Local Government: County		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)	
<ul style="list-style-type: none"> - Area Based Policing - CDBG Housing Program Administration - Fair Housing Activities - General Management, Oversight, and Coordination - Housing Rehabilitation Loans (Owner Occupied and Rental) - Public Information - Social Services Programs - City Contingency Funds - Unallocated County Funds - Clovis Woodworth/Pollasky Alley Reconstruction from Second to Third St. (05142) - Clovis DeWitt/Woodworth Alley Reconstruction from Fourth to Fifth Streets (05143) - Clovis College Square Area Road Reconstruction - 		The unincorporated area of Fresno County; The cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley, Sanger, and Selma	

Cherry Lane and Harvard Avenue (05144) - Clovis Housing Rehabilitation Improvements (05724) - Clovis Property Acquisition for Affordable Housing (05725) - Clovis Summer Youth Employment - Painting (05726) - Clovis Summer Youth Employment - Landscaping (05833) - Clovis Section 108 Loan Repayment - Mi Rancho - Clovis Section 108 Loan Repayment - Silver Ridge - Coalinga (Project To Be Determined) - Kerman Teen Center Section 108 Loan Repayment - Kerman (Project To Be Determined) - Kingsburg 19th Street Sidewalk and Street Improvements (05122) - Mendota 7th Street Improvements (05148) - Parlier Santa Fe Ditch Corridor Pedestrian Pathway (05145) - Parlier (Project To Be Determined) - Reedley Early/Sunset Sewer Line Replacement (05150) - Reedley (Project To Be Determined) - Selma First/High/North Street Improvements (05141) - Sanger Community Center Improvements, Phase III (05066) - Dos Palos (CSA 38-A) Waterline Replacement (05140) - O'Neill (CSA 49) Surface Water Treatment Facilities (05130) - Lanare Wellhead Treatment - Phase II (05091)			
\$5,500,509	\$0		
\$0		\$0	
\$0		\$0	
\$915,150 (program income)			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
- Administration of HOME - Downpayment Assistance (HOME) - Downpayment Assistance (ADDI) - HOME CHDO Set-Aside Affordable Housing Development in Cities and Unincorporated Area - Housing Rehabilitation Loans in Cities and Unincorporated Area (Owner Occupied) - Lead Based Paint Testing and Abatement - Relocation Assistance - Rehabilitation Program (Rental - Cities and Unincorporated Area)		The unincorporated area of Fresno County; The cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley, Sanger, and Selma	

\$2,180,572	\$0		
\$0	\$0		
\$0	\$0		
\$900,000 (program income)		Other (Describe) (Note: HOME entitlement of \$2,180,572 listed above includes \$53,567 in ADDI funding.)	
0			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
Not Applicable.			
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
- Emergency Shelter Grant (ESG) Administration - ESG Activities (Individual ESG activities will be selected in the fall of 2005.)			
\$212,798	\$0		
\$0	\$0		
\$0	\$0		
\$0			
Congressional Districts of: Is application subject to review by state Executive Order 12372 Process? Applicant Districts: 18, 19, 20, 21 Project Districts: 18, 19, 20, 21 Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation. <input checked="" type="checkbox"/> Yes This application was made available to the state EO 12372 process for review on 5/9/2005			

☐ No

Program is not covered by EO 12372

☐ Yes

☒ No

☐ N/A

Program has not been selected by the state for review

Note: The above questions, and spaces made available for answer, appear to be out of order. To clarify any potential misunderstanding:

- This application is subject to review by the state Executive Order 12372 Process, and was made available to the state EO 12372 process for review on 5/9/2005.

- The County of Fresno is not delinquent on any federal debt.

Person to be contacted regarding this application		
Gigi	0	Gibbs
Community Development Division Manager	(559) 262-4292	(559) 488-3940
Ggibbs@co.fresno.ca.us	www.co.fresno.ca.us	0
Signature of Authorized Representative <i>Cecil Leonardo</i> Cecil Leonardo, Interim Director Department of Public Works and Planning		Date Signed 5/3/05

Narrative Responses

GENERAL

Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed during the next year.

Program Year 1 Action Plan Executive Summary:

The Action Plan constitutes an application to the U.S. Department of Housing and Urban Development (HUD) for 2005-06 Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Shelter Grant (ESG), and American Dream Downpayment Initiative (ADDI) funds.

In August of 2003, the County of Fresno demonstrated compliance with the urban county qualification requirements under the Community Development Block Grant Entitlement Program and requalified for entitlement status as an urban County. As an Urban County qualified to receive an annual entitlement of funds, the County is submitting this application for 2005-06 entitlement funds as follows:

CDBG: \$5,500,509
HOME: \$2,127,005
ADDI: \$ 53,567
ESG: \$ 212,798

Annual CDBG entitlement funds are redistributed between the cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley, Sanger, and Selma, which have elected to participate in the Urban County Program through a Joint Powers Agreement, and unincorporated areas within the County's jurisdiction. The Action Plan describes how the 2005-06 allocation of entitlement funds will be used in these areas.

Person to be contacted regarding this application		
Gigi	0	Gibbs
Community Development Division Manager	(559) 262-4292	(559) 488-3940
Ggibbs@co.fresno.ca.us	www.co.fresno.ca.us	0
Signature of Authorized Representative Gary D. Zomalt, Director Department of Children and Family Services		Date Signed 4/29/05

Narrative Responses

GENERAL

Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed during the next year.

Program Year 1 Action Plan Executive Summary:

The Action Plan constitutes an application to the U.S. Department of Housing and Urban Development (HUD) for 2005-06 Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Shelter Grant (ESG), and American Dream Downpayment Initiative (ADDI) funds.

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/29/2005		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE N/A		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY 5/29/2005		Federal Identifier B-05-UC-06-0503	
5. APPLICANT INFORMATION					
Legal Name: County of San Bernardino			Organizational Unit: Department: Department of Economic and Community Development		
Organizational DUNS: 009241659			Division:		
Address: Street: 290 North "D" Street, Sixth Floor			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Thomas		
City: San Bernardino			Middle Name R.		
County: San Bernardino			Last Name Laurin		
State: CA		Zip Code 92415-0040		Suffix:	
Country: United States of America			Email: tlaurin@ecd.sbcounty.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002748			Phone Number (give area code) (909) 388-0808		Fax Number (give area code) (909) 388-0820
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CDBG Entitlement Program			9. NAME OF FEDERAL AGENCY Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated San Bernardino County and 13 cooperating cities.			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005-06 Community Development Block Grant (CDBG); Multiple CDBG activities including capital improvements, public services, housing preservation and economic development.		
13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 6/30/06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25, 26, 41, 42, 43 b. Project 25, 26, 41, 42, 43		
15. ESTIMATED FUNDING: a. Federal \$ 9,078,369.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$ 1,468,769.00 g. TOTAL \$ 10,547,138.00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/1/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Mr. First Name Bill Middle Name Last Name Postmus Suffix b. Title Chairman, County Board of Supervisors c. Telephone Number (give area code) (909) 387-4830 d. Signature of Authorized Representative e. Date Signed APR 12 2005					

Previous Edition Usable
Authorized for Local Reproduction

County Counsel

Approved

By

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

TTT-O

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/12/2005	Applicant Identifier CA05604																					
		3. DATE RECEIVED BY STATE 07/12/2005	State Application Identifier																					
5. APPLICANT INFORMATION																								
* Legal Name: Oxnard Police Department * Organizational DUNS: 100849152		Organizational Unit: Department: Division:																						
Address: * Street1: 251 South C Street Street2: * City: Oxnard County Ventura * State: CA * Zip Code: 93030-5711 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: * First Name: Bryan Middle Name: * Last Name: MacDonald Suffix: * Email: BryanMacDonald@OxnardPD.Org * Phone Number (give area code) Fax Number (give area code) (805) 385-7761 (805) 385-7790																						
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000756		7. * TYPE OF APPLICANT: City or Township Government																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(a) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. * NAME OF FEDERAL AGENCY: Community Oriented Policing Services																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE TITLE:		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of a countywide system to allow for intercommunication of voice/data information among all local law enforcement agencies and co-located state law enforcement agencies.																						
12. * AREAS AFFECTED BY PROJECT (City, Counties, States, etc.): Cities, County of Ventura		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 23 * b. Project 23																						
13. * PROPOSED PROJECT: * Start Date 10/01/2005 * Ending Date 09/30/2006		15. * ESTIMATED FUNDING: <table border="1"> <tr> <td>* a. Federal</td> <td>\$</td> <td>6,000,000.00</td> </tr> <tr> <td>* b. Applicant</td> <td>\$</td> <td>2,000,000.00</td> </tr> <tr> <td>* c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> </tr> </table>		* a. Federal	\$	6,000,000.00	* b. Applicant	\$	2,000,000.00	* c. State	\$	0.00	* d. Local	\$	0.00	* e. Other	\$	0.00	* f. Program Income	\$	0.00	g. TOTAL	\$	
* a. Federal	\$	6,000,000.00																						
* b. Applicant	\$	2,000,000.00																						
* c. State	\$	0.00																						
* d. Local	\$	0.00																						
* e. Other	\$	0.00																						
* f. Program Income	\$	0.00																						
g. TOTAL	\$																							
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12972 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12972 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 06/27/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12972 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix: Dr. * First Name: Thomas Middle Name: E. * Last Name: Holden Suffix: * b. Title: Mayor * c. Telephone Number (give area code): (805) 385-7430 * Email: dtomholden@aol.com Fax Number (give area code): (805) 385-7595		d. Signature of Authorized Representative: Completed on submission to Grants.gov e. Date Signed: Completed on submission to Grants.gov																						

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 23, 2005	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: Metropolitan Water District of Southern California		Organizational Unit: Department: Water System Operations Group	
Organizational DUNS: 063842975		Division: Water Quality Section	
Address: Street: 700 Moreno Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Christopher	
City: La Verne		Middle Name James	
County: Los Angeles		Last Name Gabelich	
State: California Zip Code 91750		Suffix:	
Country: United States of America		Email: cgabelich@mwdh2o.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002071		Phone Number (give area code) 909-392-5113 Fax Number (give area code) 909-392-5166	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-506		9. NAME OF FEDERAL AGENCY: Department of the Interior, Bureau of Reclamation, Denver, CO	
TITLE (Name of Program): Desalination and Water Purification Research and Development Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Optimization of Conventional Treatment with Pre-Ozonation and Biological Filtration to Reduce Organic and Colloidal Fouling of Polyamide Reverse Osmosis Membranes	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California; Yuma, Arizona		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California Congressional District 26 b. Project Arizona Congressional District 7	
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: October 1, 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 23, 2005 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 78,437.00 b. Applicant \$ 82,284.00 c. State \$ d. Local \$ e. Other \$ 252,400.00 f. Program Income \$ g. TOTAL \$ 413,121.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix First Name Middle Name Last Name De Leon b. Title Microbiology Unit Manager c. Telephone Number (give area code) 909-392-5115 d. Signature of Authorized Representative e. Date Signed 6/23/05			

REVISED

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 23, 2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Metropolitan Water District of Southern California		Organizational Unit: Department: Water System Operations Group		
Organizational DUNS: 06 3842975		Division: Water Quality Section		
Address: Street: 700 Moreno Avenue City: La Verne County: Los Angeles County State: CA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Christopher Middle Name: James Last Name: Gabelich Suffix:		
Zip Code: 91750		Email: cgabelich@mwdh2o.com		
Country: USA		Phone Number (give area code) 909-392-5113		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002071		Fax Number (give area code) 909-392-5166		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-506		9. NAME OF FEDERAL AGENCY: Dept. of Interior, Bureau of Reclamation		
TITLE (Name of Program): Desalination and Water Purification Research		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DEMONSTRATION-SCALE EVALUATION OF INTEGRATING 18-INCH DIAMETER REVERSE OSMOSIS ELEMENTS WITH CONCENTRATE MINIMIZATION TO ACHIEVE GREATER THAN 95 PERCENT TOTAL SYSTEM WATER RECOVERY		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, Ca; Yuma, AZ		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Calif. Congressional Dist. 26 b. Project Ariz. Cong. Dist. 7		
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: May 31, 2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/23/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 318,491.00				
b. Applicant \$ 306,510.00				
c. State \$ 465,000.00				
d. Local \$.00				
e. Other \$ 1,851,600.00				
f. Program Income \$.00				
g. TOTAL \$ 2,941,601.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Jill		Middle Name T
Last Name Wicke		Suffix		
b. Title Manager, Water System Operations		c. Telephone Number (give area code) (714) 217-6306		
d. Signature of Authorized Representative [Signature]		e. Date Signed 6/23/05		

APPLICATION FOR FEDERAL ASSISTANCE

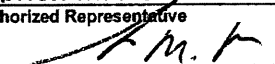
Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05-13-2005	Applicant Identifier														
		3. DATE RECEIVED BY STATE 5-13-05	State Application Identifier														
5. APPLICANT INFORMATION Legal Name: Cabrillo Economic Development Corporation Organizational DUNS: 143969368 Address: Street: 11011 Azahar Street City: Saticoy County: VENTURA State: CA Zip Code: 93004 Country: USA		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3681521-MA R		Organizational Unit: Department: Housing Development Division:															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Yissel Middle Name: NMN Last Name: Barajas Suffix:															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sections 514/516 Farm Labor Housing Loans/Grants for Off-Farm Housing 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Fillmore, Ventura County		Phone Number (give area code): 805 659-3791 Fax Number (give area code): 805 659-3195 7. TYPE OF APPLICANT: (See back of form for Application Types) O - 501(c)3 Nonprofit community development corporation Other (specify)															
13. PROPOSED PROJECT Start Date: February 2004 Ending Date: June 2007		9. NAME OF FEDERAL AGENCY: Department of Agriculture, Rural Housing Service															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 1,167,200</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 815,496</td> </tr> <tr> <td>c. State</td> <td>\$ 3,000,000</td> </tr> <tr> <td>d. Local</td> <td>\$ 0</td> </tr> <tr> <td>e. Other</td> <td>\$ 2,687,130</td> </tr> <tr> <td>f. Program Income</td> <td>\$ 0</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 7,669,826</td> </tr> </table>		a. Federal	\$ 1,167,200	b. Applicant	\$ 815,496	c. State	\$ 3,000,000	d. Local	\$ 0	e. Other	\$ 2,687,130	f. Program Income	\$ 0	g. TOTAL	\$ 7,669,826	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fillmore Central Station Town Houses includes 21 rental units for farmworker families in Fillmore, California.	
a. Federal	\$ 1,167,200																
b. Applicant	\$ 815,496																
c. State	\$ 3,000,000																
d. Local	\$ 0																
e. Other	\$ 2,687,130																
f. Program Income	\$ 0																
g. TOTAL	\$ 7,669,826																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Lois Capps b. Project: Elton Gallegly 23															
a. Authorized Representative Prefix: Ms. First Name: Yissel Middle Name: NMN Last Name: Barajas Suffix:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No: <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
b. Title: Project Manager c. Telephone Number (give area code): 805 659-3791, extension 117 d. Signature of Authorized Representative: <i>Yissel Barajas</i> e. Date Signed: 5-11-05		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/18/05	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>Housing Authority of the County of Kern</u>		Organizational Unit:	
Address (give city, county, state, and zip code): 601-24th Street Bakersfield, Kern County, CA 93301		Name and telephone number of person to be contacted on matters involving this application (give area code) Randy Coats (661)631-8500 ext. 2105	
6. EMPLOYER IDENTIFICATION (EIN): 9 5 - 6 0 0 1 6 2 9		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Public Housing Author</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <input type="text"/> - <input type="text"/>		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Arvin, Shafter, Lamont, Kern County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of Sun Garden Village, H.R. Olsen Homes, and Shafter Homes	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 8/1/05	Ending Date 8/1/06	a. Applicant 20th and 21st	b. Project 20th and 21st
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 500,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE _____	
c. State	\$ 500,000.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
g. Total	\$ 1,000,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Stephen M. Pelz		b. Title Executive Director	c. Telephone Number (661) 631-8500
d. Signature of Authorized Representative 		e. Date Signed 4/18/05	

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Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/12/2005	Applicant Identifier	
		3. DATE RECEIVED BY STATE 5-13-05	State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Wasco Affordable Housing, Inc.		Organizational Unit: Department:																						
Organizational DUNS: 021059779		Division:																						
Address: Street: 750 H St. City: Wasco County: Kern State: Ca.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.																						
Zip Code: 93280		First Name: Patrick Middle Name:																						
Country: Kern		Last Name: Newman Suffix:																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 91-2164162 <i>verified</i>		Email: uwascohousinga@bak.rr.com																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: USDA/Rural Development																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Wasco, Kern County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wasco Senior Housing, Application for Funding: The project is a 42-unit senior housing development located in the City of Wasco. Twenty-eight of the units will be rented to retired or elderly farmworkers.																						
13. PROPOSED PROJECT Start Date: Sept. 2005 Ending Date: June 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th District b. Project 20th District																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal USDA 514</td> <td>\$</td> <td>3,000,000</td> </tr> <tr> <td>b. Applicant Deferred Developer Fee</td> <td>\$</td> <td>210,598</td> </tr> <tr> <td>c. State JSFWHG</td> <td>\$</td> <td>1,775,000</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other Tax Credit Equity</td> <td>\$</td> <td>2,138,042</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>7,123,641</td> </tr> </table>		a. Federal USDA 514	\$	3,000,000	b. Applicant Deferred Developer Fee	\$	210,598	c. State JSFWHG	\$	1,775,000	d. Local	\$		e. Other Tax Credit Equity	\$	2,138,042	f. Program Income	\$		g. TOTAL	\$	7,123,641	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal USDA 514	\$	3,000,000																						
b. Applicant Deferred Developer Fee	\$	210,598																						
c. State JSFWHG	\$	1,775,000																						
d. Local	\$																							
e. Other Tax Credit Equity	\$	2,138,042																						
f. Program Income	\$																							
g. TOTAL	\$	7,123,641																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
a. Authorized Representative Prefix: Mr.		First Name: Patrick Middle Name:																						
Last Name: Newman		Suffix:																						
b. Title Secretary		c. Telephone Number (give area code) (661) 758-0566																						
d. Signature of Authorized Representative <i>Pat Newman</i>		e. Date Signed 05/10/2005 5-12-05																						

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

DUNS # 08-968-0102

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 24, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: E Center		Organizational Unit: Yuba Sutter Head Start	
Address (give city, county, State, and zip code): 410 Jones Street Ukiah, Mendocino, CA 95482		Name and telephone number of person to be contacted on matters involving this application (give area code): David Foreman (707) 468-0194	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2232933		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Not-for-Profit</u> </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">N</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loan		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a Head Start Center	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Marysville, Yuba County, California		<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> RECEIVED JUL 08 2005 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date 7/1/05	Ending Date 8/1/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 b. Project 2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/24/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 50,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Thomas F. Wagner		b. Title Chief Executive Officer	
d. Signature of Authorized Representative <i>Thomas F. Wagner</i>		c. Telephone Number (707) 468-0194	
		e. Date Signed	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/12/2005		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 5-13-05		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Wasco Affordable Housing, Inc.				Organizational Unit: Department:	
Organizational DUNS: 021059779				Division:	
Address: Street: 750 H St. City: Wasco County: Kern State: Ca.				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Patrick Middle Name: Last Name: Newman Suffix:	
Zip Code 93280				Email: uwascohousinga@bak.rr.com	
Country: Kern				Phone Number (give area code) 661-758-0566	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 91-2164162				Fax Number (give area code) 661-758-0765	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405				9. NAME OF FEDERAL AGENCY: USDA/Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Wasco, Kern County, California				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wasco Senior Housing, Application for Funding: The project is a 42-unit senior housing development located in the City of Wasco. Twenty-eight of the units will be rented to retired or elderly farmworkers.	
13. PROPOSED PROJECT Start Date: Sept. 2005 Ending Date: June 2007				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th District b. Project 20th District	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA 514 \$ 3,000,000.00				a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant Deferred Developer Fee \$ 210,598.00				b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State JSFWHG \$ 1,775,000.00				<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Tax Credit Equity \$ 2,138,042.00				<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income \$					
g. TOTAL \$ 7,123,641.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative				Middle Name	
Prefix Mr.				First Name Patrick	
Last Name Newman				Suffix	
b. Title Secretary				c. Telephone Number (give area code) (661) 758-0566	
d. Signature of Authorized Representative				e. Date Signed 05/10/2005	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
---	--	---	---	--

5. APPLICANT INFORMATION Legal Name: Satellite Housing, Inc. Organizational DUNS: 626484737 Address: 2526 Martin Luther King Jr. Way City: Berkeley County: Alameda State: California Zip Code: 94704 Country: U.S.A.		Organizational Unit: Department: Housing Development Division: Not Applicable Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Dori Middle Name: Last Name: Kojima Suffix: Email: dkojima@sathomes.org Phone Number (give area code): 510-647-0700 ext 114 Fax Number (give area code): 510-647-0820
--	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 99-3031375 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify): O. Not for Profit Organization 9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Casa Montego II: A 33 unit senior housing expansion of Casa Montego.
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157 TITLE (Name of Program): HUD 202: Supportive Housing Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Walnut Creek, County of Contra Costa 13. PROPOSED PROJECT Start Date: 02/2006 Ending Date: 08/2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 9 b. Project: 10 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/19/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
---	---

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%; text-align: center;">\$</td> <td style="width:20%; text-align: center;">550,000</td> <td style="width:20%; text-align: center;">.00</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">10,000</td> <td style="text-align: center;">.00</td> </tr> <tr> <td>c. State</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0</td> <td style="text-align: center;">.00</td> </tr> <tr> <td>d. Local</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">1,250,000</td> <td style="text-align: center;">.00</td> </tr> <tr> <td>e. Other</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">330,000</td> <td style="text-align: center;">.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">3,832,672</td> <td style="text-align: center;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">5,972,672</td> <td style="text-align: center;">.00</td> </tr> </table>	a. Federal	\$	550,000	.00	b. Applicant	\$	10,000	.00	c. State	\$	0	.00	d. Local	\$	1,250,000	.00	e. Other	\$	330,000	.00	f. Program Income	\$	3,832,672	.00	g. TOTAL	\$	5,972,672	.00	<div style="border: 2px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> RECEIVED JUL 08 2005 STATE CLEARING HOUSE </div>
a. Federal	\$	550,000	.00																										
b. Applicant	\$	10,000	.00																										
c. State	\$	0	.00																										
d. Local	\$	1,250,000	.00																										
e. Other	\$	330,000	.00																										
f. Program Income	\$	3,832,672	.00																										
g. TOTAL	\$	5,972,672	.00																										

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix: Mr. First Name: Arion (Ryan) Last Name: Chao	Middle Name: Suffix:	b. Title: Executive Director c. Telephone Number (give area code): 510-647-0700 d. Signature of Authorized Representative: e. Date Signed: 5/19/05

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

A. Identifier

RCH #304

Version 7/03

1. TYPE OF SUBMISSION:

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

FIREBAUGH CITY OF

Organizational DUNS:

00490441-0003

Address (give city, county, state, and zip code):

1575 Eleven Street

Firebaugh CA 93662

County: **010 Fresno**

Organizational Unit:

Department:

Division:

Name and telephone number of the person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

946000333

Fax:

8. TYPE OF APPLICATION:

New

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

Other (specify) _____

9. NAME OF FEDERAL AGENCY:

USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: **10.760**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Predevelopment Planning Grant

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc):

City of Firebaugh

13. PROPOSED PROJECT:

Start Date

6/1/2005

Ending Date

10/1/2005

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

20 CA

b. Project

15. ESTIMATED FUNDING:

a. Federal

15,000.00

b. Applicant

0.00

c. State

0.00

d. Local

0.00

e. Other

0.00

f. Program Income

0.00

g. TOTAL

15,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE **04-07-05**

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Jose Ramirez

b. Title

City Manager

c. Telephone Number

(559) 659-2043

d. Signature of Authorized Representative

e. Date Signed

04-07-05

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION	
Application	Preapplication
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

2. DATE SUBMITTED
June 10, 2005

Applicant Identifier

3. DATE RECEIVED BY STATE

State Applicant Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State Center Community College District

Organizational Unit: University Center Export Program

Address (give city, county, state, and zip code):

550 East Shaw Avenue, Suite 155
Fresno, CA 93710-7702

Name and telephone number of person to be contacted on matters involving this application (give area code)

Candy Hansen, Project Director, University Center Export Program
1-888-638-7888
(559) 241-6566

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 1 5 7 4 8 0 2

7. TYPE OF APPLICANT: (enter appropriate letter in box)

I

- | | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) |

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

--	--

- | | | |
|----------------------|-------------------|----------------------|
| A. Increase Award | B. Decrease Award | C. Increase Duration |
| D. Decrease Duration | Other (specify): | |

9. NAME OF FEDERAL AGENCY:

U.S. Department of Commerce
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 1 3 0 3

TITLE: Economic Development - Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

University Center Export Program
Technical Assistance - University Center Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

See Attached Page

13. PROPOSED PROJECT:

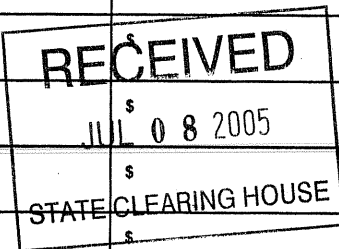
Start Date	Ending Date
7/1/2005	6/30/2006

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
19th	3; 15-20; 37 & 45

15. ESTIMATED FUNDING:

a. Federal	\$	110,000.00
b. Applicant	\$	40,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	150,000.00



16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

- b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative
Douglas Brinkley

b. Title
Vice Chancellor Finance & Admin.

c. Telephone number
(559) 244-5910

d. Signature of Authorized Representative

e. Date Signed

RCH
#304Approved
6/20/05

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 4, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of San Joaquin		Organizational Unit: Public Body	
Address (give city, county, State, and zip code): P.O. Box 758 San Joaquin, CA 93660		Name and telephone number of person to be contacted on matters involving this application (give area code): Lupe Estrada (559) 693-4311 ext. 20	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000418		7. TYPE OF APPLICANT: (enter appropriate letter in box) [C] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [] - [] [] [] [] TITLE: Community Development Facility Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Electrical Internet Cabling, Tables & Chairs	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 7,500.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ [RECEIVED]		
d. Local	\$ JUL 08 2005		
e. Other SER Program	\$ 2,000.00		
f. Program Income	\$ STATE CLEARING HOUSE		
g. TOTAL	\$ 10,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Cruz Ramos		b. Title City Manager	c. Telephone Number (559) 693-4311
d. Signature of Authorized Representative Cruz Ramos		e. Date Signed 3-2-05	

APPLICATION FOR FEDERAL ASSISTANCE

RCH
#304
APPROVED
4/30/05

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/11/05	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Fresno		Organizational Unit: Department: Department of Public Works and Planning	
Organizational DUNS: 078787397		Division: Community Development	
Address: Street: 2220 Tulare Street, 8th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fresno		Prefix: Ms.	First Name: Irma
County: Fresno		Middle Name	
State: CA		Last Name Yepez-Perez	
Zip Code 93721	Suffix:		
Country: U.S.A.		Email: iyperez@co.fresno.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000512		Phone Number (give area code) (559) 262-4292	Fax Number (give area code) (559) 488-3940
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. - County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Housing Preservation Grant TITLE (Name of Program): 10-433		9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County unincorporated rural areas		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Owner-Occupied Housing Rehabilitation Project in rural Fresno County	
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18, 19, 20, 21 b. Project 18, 19, 20, 21	
15. ESTIMATED FUNDING: a. Federal \$ 92,108.00 b. Applicant \$ 92,108.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 184,216.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 10, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Mr. First Name Cecil Middle Name Last Name Leonardo b. Title Interim Director, Department of Public Works and Planning c. Telephone Number (give area code) (559) 262-4078 d. Signature of Authorized Representative Cecil Leonardo e. Date Signed May 10, 2005	

APPLICATION FOR FEDERAL ASSISTANCE

ACH# 304 Approved 4/30/05
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 5, 2005		Applicant Identifier 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CITY OF FIREBAUGH			Organizational Unit: POLICE AND FIRE		
Address (give city, county, State, and zip code): 1575 11TH STREET, FIREBAUGH CA 93622			Name and telephone number of person to be contacted on matters involving this application (give area code): LT. LOPEZ OR FIRE CHIEF BORBOA (559) 659-3051 (559) 659-2073		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000333			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; line-height: 20px; float: right;">C</div> <div style="clear: both;"></div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA - RURAL DEVELOPMENT		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE: Community Facilities			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Marked emergency vehicle for the police department and an infrared thermo imaging device for the fire department.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Firebaugh (Mutual Aide requests for Madera & Fresno Co)					
13. PROPOSED PROJECT EMERGENCY EQUIP					
14. CONGRESSIONAL DISTRICTS OF: 20th - Costa					
Start Date _____		Ending Date _____		a. Applicant 20th	
				b. Project 20th	
15. ESTIMATED FUNDING:					
a. Federal		\$ 25,850 ⁰⁰			
b. Applicant		\$ ⁰⁰			
c. State		\$ ⁰⁰			
d. Local		\$ 5,400 ⁰⁰			
e. Other		\$ 15,750 ⁰⁰			
f. Program Income		\$ ⁰⁰			
g. TOTAL		\$ 47,000 ⁰⁰			
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/06/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Jose Antonio Ramirez			b. Title City Manager		c. Telephone Number (559) 659-2043
d. Signature of Authorized Representative 			e. Date Signed 05-05-05		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION					
Legal Name: Lost Hills Utility District			Organizational Unit: Department:		
Organizational DUNS:			Division:		
Address: Street: P.O. Box 246			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Lost Hills			Prefix: Mr.		First Name: Amando
County: Kern			Middle Name		
State: California			Last Name Garza		
Zip Code 93249			Suffix:		
Country: United States			Email: Agarza@carollo.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0064155			Phone Number (give area code) (661) 321-3433		Fax Number (give area code) (661) 321-3437
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Plant Expansion and Upgrade from 200,000 gpd to 400,000 gpd and from stabilization ponds to extended aeration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jim Costa - 20th District b. Project Jim Costa		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	5,244,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE:		
c. State	\$		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	5,244,000.00			

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix Mr.	First Name Amando	Middle Name
Last Name Garza		Suffix
b. Title District Engineer		c. Telephone Number (give area code) (661) 321-3433
d. Signature of Authorized Representative		e. Date Signed

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED JULY 1, 2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: ALLEN COMMUNITY DEVELOPMENT CORPORATION	Organizational Unit: Department:
Organizational DUNS: 13-545-2543	Division:
Address: Street: 916 LAGUNA STREET	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: REV. First Name: EDGAR
City: SAN FRANCISCO	Middle Name: E.
County: SAN FRANCISCO	Last Name: BOYD
State: CALIFORNIA Zip Code: 94115	Suffix:
Country: USA	Email: bethelamec@aol.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3211124	Phone Number (give area code): (415) 921-4935 Fax Number (give area code): (415) 921-4966
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O. NOT FOR PROFIT ORGANIZATION Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570	9. NAME OF FEDERAL AGENCY: DHHS - ACF/OCS
TITLE (Name of Program): CSBG PROGRAM COMM ECON DEVL DISCR GRANT PROG, OP PROJECTS	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FILLMORE HERITAGE CENTER A commercial real estate project in a cultural district as part of a mixed-use complex. Priority Area - Operational
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SAN FRANCISCO, SAN FRANCISCO COUNTY, CALIFORNIA	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 8TH b. Project CA 8TH
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/10	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/28/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal OCS \$ 700,000	
b. Applicant FDA Developer \$ 1,053,944	
c. State \$	
d. Local SFRA \$ 1,820,900	
e. Other MOCD \$ 5,090,397	
f. Program Income \$	
g. TOTAL \$ 8,665,241	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: REV. First Name: EDGAR Middle Name: E. Last Name: BOYD Suffix: b. Title: EXECUTIVE DIRECTOR c. Telephone Number (give area code): 415-921-4935 d. Signature of Authorized Representative: [Signature] e. Date Signed: 6-9-05	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 14, 2005 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 		Applicant Identifier FY 2005 SP&R Partnership Planning State Applicant Identifier 94-6001344-C Federal Identifier 	
---	--	---	--	---	--

RECEIVED
 JUL 06 2005
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION Legal Name: California Department of Transportation Address (give city, county, State, and zip code): P. O Box 942874, MS - 32 Sacramento, CA 94274-0001 Sacramento County				Organizational Unit: Division of Transportation Planning Name and telephone number of person to be contacted on matters involving this application (give area code) Sharon Scherzinger, Chief Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 1 3 4 7 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div> </div>																															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Department of Transportation Federal Highway Administration, Region IX																															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 5 1 5 </div> TITLE: State Planning and Research Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2005/06 Federal Planning & Research Funds \$1,059,625.00 in FHWA SP&R Funds (Estimate)																															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		13. PROPOSED PROJECT: FY 2005 OWP Program																															
14. CONGRESSIONAL DISTRICTS OF: California Statewide		15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:50%; text-align: right;">1,059,625</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>264,906</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,324,531</td> <td>.00</td> </tr> </table>				a. Federal	\$	1,059,625	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$	264,906	.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	1,324,531	.00
a. Federal	\$	1,059,625	.00																														
b. Applicant	\$.00																														
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g. TOTAL	\$	1,324,531	.00																														
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 14, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Type Name of Authorized Representative SHARON SCHERZINGER		b. Title CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING		c. Telephone Number (916) 653-3362																													
d. Signature of Authorized Representative 				e. Date Signed April 14, 2005																													

APPLICATION FOR FEDERAL ASSISTANCE

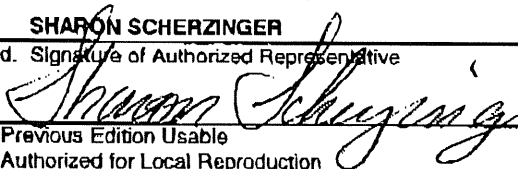
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 14, 2005	Applicant Identifier FY 2005 PL Overall Work Program
3. DATE RECEIVED BY STATE		State Applicant Identifier 94-6001344-C	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																																																																																																					
Legal Name: California Department of Transportation Address (give city, county, State, and zip code): P. O Box 942874, MS - 32 Sacramento, CA 94274-0001 Sacramento County	Organizational Unit: Division of Transportation Planning Name and telephone number of person to be contacted on matters involving this application (give area code) Sharon Scherzinger, Chief Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362																																																																																																				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 9 4 - 6 0 0 1 3 4 7 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 5px; display: inline-block; float: right;">A</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																																																																																																				
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2 0 - 2 0 5 </div> TITLE: MPO Highway Planning	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2005/06 Federal Planning Funds \$35,572,578.00 in FHWA PL Funds (Estimate)																																																																																																				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California																																																																																																					
13. PROPOSED PROJECT: FY 2005 OWP Program	14. CONGRESSIONAL DISTRICTS OF: California Statewide																																																																																																				
Start Date July 1, 2005	Ending Date June 30, 2006																																																																																																				
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 14, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">.00</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">35,572,578</td> <td colspan="6"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> <td colspan="7"></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> <td colspan="7"></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> <td colspan="7"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">4,608,805</td> <td colspan="6"></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> <td colspan="7"></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> <td colspan="7"></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> <td colspan="7"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">40,181,383</td> <td colspan="6"></td> </tr> </table>	a. Federal	\$.00										35,572,578								b. Applicant	\$.00								c. State	\$.00								d. Local	\$.00										4,608,805								e. Other	\$.00								f. Program Income	\$.00								g. TOTAL	\$.00										40,181,383								17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
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a. Type Name of Authorized Representative SHARON SCHERZINGER			b. Title CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING			c. Telephone Number (916) 653-3362																																																																																															
d. Signature of Authorized Representative 			e. Date Signed April 14, 2005																																																																																																		

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 14, 2005	Applicant Identifier 49 U.S.C., CH. 53, Sections 5303 and 5313(b) State Applicant Identifier 94-6001344-C Federal Identifier																																																																																
5. APPLICANT INFORMATION Legal Name: California Department of Transportation Address (give city, county, State, and zip code): P. O Box 942874, MS - 32 Sacramento, CA 94274-0001 Sacramento County		Organizational Unit: Division of Transportation Planning Name and telephone number of person to be contacted on matters involving this application (give area code) Sharon Scherzinger, Chief Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362																																																																																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6001347		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																																																																																	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-514 TITLE: Transit Planning and Research		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2005 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - \$9,537,983 (Estimate) FY 2005 49 U.S.C. Chapter 53, Section 5313(b) State Planning & Research Program - \$1,852,405 (Estimate)																																																																																	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 14, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																																																	
13. PROPOSED PROJECT: FY 2005 OWP Program																																																																																			
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15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. Federal	\$																			b. Applicant	\$									c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$									18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
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d. Signature of Authorized Representative 		c. Telephone Number (916) 653-3362 e. Date Signed April 14, 2005																																																																																	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED _____	Applicant Identifier _____
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY _____	Federal Identifier _____

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: <u>Petaluma Ecumenical Properties</u> * Organizational DUNS: <u>027338032</u>		Department: _____ Division: _____	
Address: * Street1: <u>3920 Cypress Drive, Suite B</u> Street2: _____ * City: <u>Petaluma</u> County <u>Sonoma</u> * State: <u>CA</u> * Zip Code: <u>94954</u> * Country <u>USA</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: _____ * First Name: <u>Mary</u> Middle Name: _____ * Last Name: <u>Stompe</u> Suffix: _____ * Email: <u>marys@pephousing.org</u> * Phone Number (give area code) <u>(707) 762-2336</u> Fax Number (give area code) <u>(707) 762-4657</u>	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): <u>04-25665270</u>		7. * TYPE OF APPLICANT: <u>Individual (Other than institution of higher education)</u> Other (specify): _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. * NAME OF FEDERAL AGENCY: <u>US Department of Housing and Urban Development</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE <u>14.157</u> TITLE: <u>Supportive Housing for the Elderly</u>		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Casa Grande - 58-unit (57 + 1 Mgr unit) affordable senior rental housing targeted to very low and extremely low income elderly with rental assistance contract.</u>	
12. * AREAS AFFECTED BY PROJECT (City, Counties, States, etc.): <u>City of Petaluma, Sonoma County, California</u>			
13. * PROPOSED PROJECT: * Start Date <u>11/01/2006</u> * Ending Date <u>11/01/2047</u>		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant <u>6</u> * b. Project <u>6</u>	
15. * ESTIMATED FUNDING: * a. Federal \$ <u>6,428,281.00</u> * b. Applicant \$ <u>10,000.00</u> * c. State \$ <u>3,900,000.00</u> * d. Local \$ <u>2,072,500.00</u> * e. Other \$ _____ * f. Program Income \$ _____ g. TOTAL \$ <u>12,410,781.00</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE <u>06/28/2006</u> b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
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a. Authorized Representative Prefix: _____ * First Name: <u>Mary</u> Middle Name: _____ * Last Name: <u>Stompe</u> Suffix: _____ * b. Title: <u>Executive Director</u> * c. Telephone Number (give area code): <u>(707) 762-2336</u> * Email: <u>marys@pephousing.org</u> Fax Number (give area code): <u>(707) 762-4657</u>			
d. Signature of Authorized Representative: _____ Completed on submission to Grants.gov		e. Date Signed: <u>6/28/06</u> Completed on submission to Grants.gov	

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Standard Form 424 (Rev. 8-00)

Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 28, 2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: Yolo Mutual Housing Association		Department:		
Organizational DUNS: 023778066		Division:		
Address: Street: 430 F Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Davis		Prefix:		
County: Yolo		First Name: (Elizabeth)		
State: California		Middle Name Kim		
Zip Code 95616		Last Name Coontz		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0386360		Email: yolomha@sbcglobal.net		
7. TYPE OF APPLICANT: (See back of form for Application Types)		Phone Number (give area code) (530) 297-1032		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Fax Number (give area code) (530) 297-1033		
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Cooperative Development, Business and Cooperative Prog		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-771		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Preserving and Advancing California Rural Cooperative Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CA Counties Include: Butte, Glenn, Colusa, Tehama, Sutter, San Joaquin, Yolo,		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
13. PROPOSED PROJECT Start Date: October 5, 2005 Ending Date: September 30, 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON 6/29 - sent by mail DATE: 6/29/05 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 264,472				
b. Applicant (match) \$				
c. State \$ 95,147				
d. Local \$				
e. Other \$				
f. Program Income \$				
g. TOTAL \$ 359,619				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Me		First Name Lucas Elizabeth		Middle Name Kim
Last Name Frerichs Coontz				Suffix
b. Title Board President Executive Director				c. Telephone Number (give area code) (530) 297-1032
d. Signature of Authorized Representative C. Kim Coontz				e. Date Signed 6/30/05

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version: 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 20, 2005		Applicant Identifier OCS-01-01	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: The East Los Angeles Community Union		Organizational Unit: Department:			
Organizational DUNS: 010720597		Division:			
Address: Street: 5400 East Olympic Boulevard		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jose			
City: Los Angeles		Middle Name			
County: Los Angeles		Last Name: Villalobos			
State: California	Zip Code: 90022	Suffix:			
Country: USA		Email: jvtelacu@aol.com			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-2554256		Phone Number (give area code): 323-721-1655		Fax Number (give area code): 323-721-3560	

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify):

7. TYPE OF APPLICANT: (See back of form for Application Types)
 Non-Profit Community Development Corporation
 Other (specify):

9. NAME OF FEDERAL AGENCY:
 DHHS-ACF/OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 Community Economic Development
 Discretionary Grant Program 93-570
 TITLE (Name of Program): Operational Project

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Revitalization of a building at TELACU Industrial Park to create 71 new jobs for low income people.
 Operational-HHS-2005-ACF-OCS-EE-0019

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Los Angeles County

13. PROPOSED PROJECT
 Start Date: 9/30/05 Ending Date: 9/30/08

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 25, 29, 30 b. Project: 29

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 700,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 20, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$ 5,526,165.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 6,226,165.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Mr.	First Name: Jose	Middle Name:	Suffix:
Last Name: Villalobos		c. Telephone Number (give area code): 323-721-1655	
b. Title: Senior Vice President		e. Date Signed: June 20, 2005	
d. Signature of Authorized Representative: <i>Jose Villalobos</i>			

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Standard Form 424 (Rev.9-2003)
 Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/5/05		Applic. Identifier N/A	
		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier N/A	

5. APPLICANT INFORMATION															
Legal Name: Solano County Sheriff's Department	Organizational Unit:														
Organizational DUNS: 868473448	Division:														
Address (give city, county, state, and zip code): Solano County Sheriff's Office 530 Union Avenue, Suite 100 Fairfield, CA 94533	Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Ryan J. Pistochini Phone: (707) 421-6691														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946002538	7. TYPE OF APPLICANT: (enter appropriate letter in box) B <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.														
B. County	I. State Controlled Institution of Higher Learning														
C. Municipal	J. Private University														
D. Township	K. Indian Tribe														
E. Interstate	L. Individual														
F. Intermunicipal	M. Profit Organization														
G. Special District	N. Other (Specify) _____														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 6 . 7 1 0</div> TITLE: 2005 Technology Initiative	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Justice Intelligence System and Emergency Operations Management System														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):															
13. PROPOSED PROJECT: Start Date: 12/08/2004 Ending Date: 12/07/2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3rd, 7th, 10th b. Project: 3rd, 7th, 10th														
15. ESTIMATED FUNDING:															
a. Federal	\$ 98,664.00														
b. Applicant	\$.00														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$ 98,664.00														
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/5/05															
b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Typed Name of Authorized Representative Barbara R. Kondylis	b. Title Chairwoman, Board of Supervisors														
d. Signature of Authorized Representative	c. Telephone number (707) 553-5363 e. Date Signed														